

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23472

STATE FILE NUMBER

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 48

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Barry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville | | | | c. CITY OR TOWN Cassville | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 505 W. 7th St. | | | | d. STREET ADDRESS 505 W. 7th St. | | | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle ROBERT Last NICKELL | | | | 4. DATE OF DEATH Month July Day 18 Year 1957 | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH August 19, 1891 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch repair | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) 65 | |
| 11. BIRTHPLACE (City and state or country) Browning, Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13. FATHER'S NAME Frank Nickell | | | | 14. MOTHER'S MAIDEN NAME Sarah Fields | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Ova Nickell Cassville, Missouri | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Coronary Embolus Coronary Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - 4201 | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours 5 years |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Jan. 1950 to July 17-57 and last saw him alive on July 17-1957 Death occurred at 7:29 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) E. E. McDaniel, M.D. | | | | 22b. ADDRESS Cassville, Mo. | | 22c. DATE SIGNED 7-21-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7-21-1957 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | | 23d. LOCATION (City, town, or county) (State) Cassville, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Culver's Cassville, Missouri | | | | 25. DATE RECD. BY LOCAL REG. 2-22-1957 | | 26. REGISTRAR'S SIGNATURE Grace Williams | |

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 757-127

DATE REC. 7-29-57

AUG 8
1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Margaret C. Henbest

Licensed Embalmer No. 431

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above, constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.